

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 10/650,017 Filing Date August 27, 2003 First Named Inventor Gil Avrahami Art Unit 2162 Examiner Name ALAM, SHAHID AL Attorney Docket Number 7044-X06-645
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I hereby revoke all previous powers of attorney given in the above-identified application.																					
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <u>27317</u>																					
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OR <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td colspan="3">Email</td> </tr> </table>		<input type="checkbox"/> Firm or Individual Name				Address				City	State	Zip		Country				Telephone	Email		
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I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)																					
SIGNATURE of Applicant or Assignee of Record																					
Signature  Name <u>Gil Avrahami</u> Date <u>23 November 2006</u> Telephone <u>+972-3-5163962</u>																					
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. see below.</small>																					
<input type="checkbox"/> *Total of <u>1</u> forms are submitted																					

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